Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS

1 PLACE OF DEATH

(92)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Mallville (No.....

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale Color or RACE Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year
ATE OF BIRTH	I HEREBY CERTIFY, That Lattended deceased f
Mulyanon 810	1910, to 191
(Month) (Day (Year)	that I last saw h m alive on BEV. 27 , 191
GE 1 If LESS than	and that death occurred on the date stated above, at 7
boul 96 yrs mos ds. t day,hrs.	The CAUSE OF DEATH* was as follows:
CCUPATION 04 MOS ds. OR min. ?	Lobar preumonia.
Trade, profession, or	(Mujhostatic)
rticular kind of work	
General nature of Industry, iness, or establishment in	
ich employed (or employer)	(Duration) yrs mos. 7
RTHPLACE MA /	Secondary Artesto to language
(State or country) Maryland	Park
10 NAME OF	(Doration) Tyrs Chobson
FATHER MURNOWN	(Signed) feotget Election
11 BIRTHPLACE	1 20, 27, 191 (Address) Pallville, M
OF FATHER (State or country) MMM Nown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOI
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acci
OF MOTHER Hennie Janey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
13 BIRTHPLACE M	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) Manyland	of death yrs mos ds. State yrs mos
HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) W. W. Broome	Former or
P 1 22016	usual residence
(Address) Lusley, Md.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
10 111 01-	Brooks Chapel Feli 28 191
od Teb. 27,1915 Thorgal Elerson	20 UNDERTAKER ADDRESS
A OR A REGISTRAR	Brooks Tros mutual m

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Mcastes; Whooping cough; Chronie childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from thenia," "Anaemia" (mercly symptomatie), "Atrophy," merc symptoms or terminal conditions, such as "Asample: Mcastcs (disease causing death), 29 ds.; iffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cte., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," For Vio-



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state should ion is OCCUPATION PHYSICIANS MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED, Q WIDDWED, ORDIVORCED (Write the work) 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE 1 day hrs. OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. certificate. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 0 0 back 11 BIRTHPLACE RENT OF FATHER (State or country) 00 12 MAIDEN NAME 4 Instructions 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ ds. Where was diseaso contracted. If not at place of death?... Sec Former or usual residence. mportant. Every 15 20 UNDERTAKER 8

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:...Ward)

I'll death occurred in a hospital or institution, give its NAME Instead of street and number.]

(Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at the The CAUSE OF DEATH * was as follows: (Doration)yrs. mos. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the State yrs, ____ mos. ds. DATE OF BURIAL ADDRESS

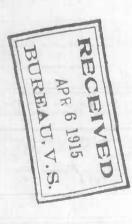


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative meaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "Puerreral septichaeture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. mus," "Oid Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For VIO-



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1870 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. (Month) (Day (Year) ORGIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. The CAUSE OF DEATH* was as lollows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE 191. ... (Address)... PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. State _____ yrs. ____ mos. Where was disease contracted. 14 THE ABOVE If not at place of death? (Interment isuai residenci LACE OF BURIAL OR REMOVAL DATE OF BURIAL Address) 15 . 191...2 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, O.E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many oecupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (0)

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No If death occurred in St.: .Ward) a hospital or institution. give its NAME Instead of street and number.] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE. MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ... alive on, 191..... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. f day,.....hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE .2. (Address ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs. ____ mos. Where was disease contracted. If not at place of death? Former or (Intermant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclaby edrbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from "Senilc," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) Never report



County Colored (65)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Processing Sold	St.; Ward) a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWER, OR OVER OR OF OVER OR OF OWNER, OR OVER OR OWNER, OR OVER OWNER, OR OWNER, OWN	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Jul 16 , 1915 to 116. 17 , 1915 , that I last saw h me alive on Jeh, 16 , 1915
OCCUPATION (a) Frade, prefession, or particular kind of work. The second of work for the second of	and that death occurred on the date stated above, at 945 cm. The GAUSE OF DEATH * was as follows: December was of for my table, votor at without realizing the darings
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
OF FATHER Sell. Siles 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
(Informant) All Marmon	Former or Is place of Burial or REMOVAL DATE OF BURIAL MA. How My. How Jell 191.5
Filed F. M., 191.5 REGISTRAR W. M. Mells, Soften State Registral If more blanks are needed, address State Registral	W. A. Mystelines Mr. Harmen



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of IIIshould be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercu-losse of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childblrth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in .Ward) a hospital or institution. give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS Than and that death occurred on the date stated above, at O 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment im (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OR FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, ____ mos. __ Where was disease contracted. If not at place of death? --Former or usual residence PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more bunks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of such, If impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." The contributory (secondary or Intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for



OCCUPATION PHYSICIANS RECORD 0 ENT EXACTLY. PERMAN BINDING tated should THIS properly AGE INK Ш supplied. Op. ERV ADING may UNF that a 80 ARGIN WITH terms, pluods piain Information 2 DEATH WRITE of Item L CAUSE CAUSE

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Instructions

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred to St.:...Ward) a hospital or institution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 day hrs. OR 7 BOCCUPATION (a) Frade, profession, or (h) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the ot death _____ yrs. ___ mos. ___ ds. State Where was disease contracted. it not at place of dealh? usual residence. DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

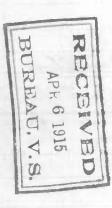


[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho receive a definite salary), may be entered as minc, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Contributory." LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-The nature of the "Exhaustion," the head Examples: FOI VIO-



No.

Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

	1881 STATE OF MARYLAND
PLACE OF DEATH	CERTIFICATE OF DEATH
County Canal	Registration Dist. No. 57
Village or City meetine (No.	St.; Ward) [If death occurred I a hospital or lostitution give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE Saingle, MARRIEO, WIDOWED, ORDIVEDRO ORDIVEDRO ORDIVEDRO ORDIVEDRO ORDIVEDRO ORDIVEDRO ORDIVEDRO	16 DATE OF DEATH Set 19, 1915. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw here alive on the last saw here
(Month) (Day) (Year) 7 AGE 1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 7 9 m The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) .yrs
of 11 BITTHPLACE	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D. (Address) (Signed) (M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) True to the Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) - Journal 18 Filed Gr 3, 1915 Insling REGISTRAR	18 PLACE OF BURIAL OR REMOVAL The 20 UNDERTAKER Harry Hateler MA Harry Hateler
If more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-(a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibbase causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUEFFERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasinjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (name origin; "Can-"Exhaustion," Examples: For VIO-



1 PL	ACE OF DEATH	Commence	STATE OF MARYLAND
County	lvint	(60	1882 CERTIFICATE OF DEATH
		(100	Registration Dist. No. 6 2
Village or C	LL NAME TO	bert	St.; Ward) [If death occurred la a hospital or institution give its NAME instead of street and comber.]
PERS	ONAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
Male S DATE OF BIR	4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO, OR OIVORCÉO (Write the wor		16 DATE OF DEATH 186 (Month) (Day) (Year) 1. I HEREBY CERTIFY, That I attended deceased from 186 13 (1915), to 185 15 (1915)
	(Month) (Day)	(Year)	that I last saw h alive on 1786 13 ,1915
OCCUPATION (a) Trade, professi particular kind of (b) General nature business, or esta which employed (o BIRTHPLACE (State or coun 10 NAME C FATHE 11 BIRTHPL C (State or 12 MAIDEN OF MO	on, or work of industry, blishment in r employer) try) OF R OF R OLAGE PHER COUNTRY) INAME	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 8 m, The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE
13 BIRTHP OF MOT (State or 14 THE ABOVE (Informant)	IS TRUE TO THE BEST OF MY KNOW The may mon	Ind Us-	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
0	If more blanks are needed, address	State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purrerran scpticharmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Conture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



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1 PLACE OF DEATH	1889 STATE OF MARYLAND
Calvant 9	CERTIFICATE OF DEATH
County	Registration Dist, No. 52
Village or City 40. Wes/foro (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Wale Galore T Single, Wale Galore T (Write the word)	16 DATE OF DEATH Hely (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH June 19 (Month) (Day) (Year)	that I last saw he salive on 191
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) yrs mos ds. Contributory (Secondary) (Ouration) yrs mos ds.
10 NAME OF FATHER Keing Stullene 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 2 H	(Signed)
of Mother Mastic Ford 13 BIRTHPLACE OF MOTHER (State or country) MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Informant). King Jankins (Address) fro. Marchoro, My (Address) Fo. Marchoro, My Filed Fiely 5, 1910 6. H. Neurone, REGISTRAR	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL History 6
If more blanks are needed, address State Regis trar, 6	



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerferal peritonitis," etc. childbirth or miscarriage, as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Taemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of _ (name origin; "Can-State cause for Examples:



V. S. No. 1.

CSICIANS should OCCUPATION IS PHYSICIANS RECORD 50 statement PERMANENT EXACTLY. classified. properly classif INK supplied. pe UNFADING may certificate. that 80 50 pe back terms. 5 plain Instructions Information L DEATH Sea 0 OF Every item CAUSE OF Important. ż

state

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred in a hospital or institution, give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, DATE OF DEATH 4 COLOR OR RAGE MARRIED. WIDOWED, (Month (Day (Year) (Write the word) I HEREBY CERTIFY. That 17 Lattended decessed (Month) (Day (Year) TAGE if LESS than and that desth occurred on the date stated above, 1 day hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or amployer) 9 BIRTHPLACE Contributory Secondary (State or country 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) in the of death ____ yrs. ___ mos. State _____ yrs._ Where was diseasa contracted. OWLEDGE if not at place of death? Former or usual residenca OR REMOVAL BURIAL (Address) 15 20

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia "unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCINENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. cte., when a definite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For Vio-



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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1885 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 57

St; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	MEDICAL	CERTIFICATE	OF DEATH	
16 DATE O	F DEATH	Theh	12	
	*****************			_, 1915
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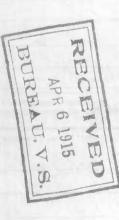


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulcases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcinbosis of lungs, meninges, peritonacum, etc.. Carcinbosis

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), "Dropsy," ... (name origin; "Can-The nature of the "Exhaustion," Examples:



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886 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.: Ward) a hospital or lostitution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WILLWIL WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH unknown (Tear) (Month) (Day) if LESS than 7 AGE and that death occurred on the date stated above. 1 day,hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of Industry. business, or establishment in which employed (or employer) -----State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos. Where was disease contracted. If not at place of death?. DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Comvulsions," "Debility" ("Convulsions," "Debility") such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," nant neopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AB probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maig oma. Surcoma. etc., of . ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

Co	1 PLACE OF DEATH unty Calvest	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Vill	lage or City Wallville (No	St.; Ward) St.; Ward) Letth Rawlinge [If death occurred in a hospital or institution, give its NAME instead of street and comber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Terral Color or RAGE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) ATE OF BIRTH Nov. 13 1901	16 DATE OF DEATH FILE (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to File (1914)
7 AC	1 day,hrs. OR min.?	and that death occurred on the date stated above, at 10 m. The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	OCCUPATION Trade, protession, or ricular kind of work General nature of industry, iness, or establishment in ich employed (or employer)	Contributory (Duration) yrs mas 43
	(State or country) Manyland 10 NAME OF Thomas Benjamin Rawling	(Signed) (Duration) Trs mos d
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a .	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds.
	(Informant) Thomas B. Rawlings (Address) Dallville, Md.	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Asland Creek Church Tiels. 2, 191
File	KOCAL REGISTRAR	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Mauager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons eausing death, state occupation at beginning of illbeen chauged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fieation as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerreral septiehacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for eause. Always qualify all diseases resulting from idus," "Old Age," "Shoek," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Idapition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Mcdical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. ".Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) (Recommendations ou statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No Ilf death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH alive on (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at. t dayhrs. The CAUSE OF DEATH* was as follows: OR -min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ____ yrs. ___ mos. ___ State ... Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronio LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerrenal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal scotichaecause. Always qualify aii diseases resulting from ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of For Vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAMS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT A IS WRITE PLAINLY, WITH UNFADING INK-THIS

1 PLACE OF DEATH	STATE OF MARYLAND
County Calvert - (9 X)	1000 CERTIFICATE OF DEATH
50)	Registration Dist, No. 50
Village or City Trazillo. (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
*FULL NAME Housey Taylor	of Street and Hamber-1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from OCL - 24 - 1914 to February 10, 1915
zurkurun - 1859	4
(Month) (Day (Year)	that I last saw h. C. allve on Octover - 74 . 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 6 out.m,
56 yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, profession, or Stouseufe'	Pulmonary Tuberculosis.
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Ouration) yrs. / O mos. ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF	(Ouration) yrs mos ds.
FATHER John Mosely.	(Signed) , M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	101 20 , 191 D. (Address) 0000 1100 1 / 1001
(State or country) Y Conglishing	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Elisabeth Write.	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) Waryland,	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) Emuly Harrier-	Former or usual residence
(Address) Fraziers, md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	St. Irluis a. r. J. E. Church Het 21 st 1915
Flied Fet 20 1915 Les F (hambers	20 UNDERTAKER ADDRESS
Dep Local REGISTRANTO	Will Smothers Olivet 111

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up ou account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopncumonia The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. State cause for Never report For vio-



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PHYSICIANS RECORD

properly classified. Exact statement of OCCUPATION is very

PERMANENT stated EXACTLY.

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should be

AGE

carefully supplied.

N. B.—Every item of information should be carefully sup CAUSE OF DEATH in plain terms. so that it ma important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH County Calculate (1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Mr Harmory (No	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
(Month) (Day (Year) 7 AGE (Month) (Day (Year) 7 AGE (If LESS than 1 day,hrs. ORmin.?) 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	that I last saw has alive on Art 6 ,1914 and that death occurred on the date stated above, at 1/2 m, The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: (Duration) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 2 Aurus Jaylor 11 BIRTHPLACE OF FATHER (State or country) 2 Multiple Name Of Mother 4 OF MOTHER	Contributory Secondary (Doration)
of Mother Comma Cace 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mes ds. State yrs, mes ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) The Harmony	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO 191. 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speclstatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freeman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and ehlldren, not Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is neefirst line will be sufficient, c. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiulte synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-accimia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," 10



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PHYSICIANS

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH County..... Registration Dist. No. OCCUPATION St.:....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from classified. (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at_ 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry, business, or establishment in may (Duration) which employed (or employer) certificate. ⁹ BIRTHPLACE (State or country) Contributory..... Secondary that 10 NAME OF FATHER (Signed) 80 00 terms, on back 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain See instructions OF MOTHER 1 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 드 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ___ ds. (State or country) State _____ yrs. ___ mos. ___ DEATH Where was disease contracted. If not at place of death?. Former or OF usual residence. mportant. PLACE OF BURIAL OR REMOVAL Every

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

fif death occurred la

a hospital or institution,

give Its NAME Instead of street and number.]

(Day

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public IIcalth Association.]

minc, etc. Women at home, who are engaged in the applies to each and every persou, irrespective of age. who have no occupation whatever, write Nonc. cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonacum, etc., Carcin-

aunt neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT NEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Accidental drowning; Struck by railway train-acetis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of State cause for Never report For vio-



PHYSICIANS should state of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS A WRITE PLAINLY, WITH CAUSE OF I

Very

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[If death occurred in a hospital or Institution	
	give its NAME instead of street and number.]	

FULL NAME 1990.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 GOLOR OR RAGE 5 SINGLE, MARRIED WIDOWED ORDIVORCED (Write the word)	16 DATE OF DEATH James 1915 (Month) (Day (Year)
DATE OF BIRTH 726- 9 19/14	17 I HEREBY GERTIFY. That I attended deceased from [9], 19], 19], 19], 19]
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. 9 yrs mos ds ORmin,?	and that I last saw h alive on 191 and that death occurred on the date stated above, at / O m, The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	al duchurge from these
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country.) Many law	Secondary (Duration) yrs mos ds.
of 11 BIRTHPLACE TO A COAR WELL	(Signed) Thanks N. D. J. S. (Address) Quebys Hel
(State or country) (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds
(Informant)	Where was disease contracted, If not at piace of death? Former or usual residence.
(Address) Olinf 7249	18 PLACE OF BURIA OR REMOVAL DATE OF BURIAL JUL 3, 1915
Elled Jels / Bios & Chambre	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. E. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulmaterial worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pncumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

N. B.—Every item of information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be primportant. See instructions on back of certificate.

be properly classified. AGE should be

6 DATE

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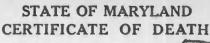
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stated EXACTLY. PHYSICIANS should state it. Exact statement of OCCUPATION is very

RECORD

1 PLACE OF DEATH County....



Registration Dist. No. 50

Ward

)	[It death occurred i a hospital or institution
	give its NAME instea of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Color or RACE Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH FL (Month) (Day (Year)
B DATE OF BIRTH Feb 9 (Month) (Day (Fear)	17 I HEREBY CERTIFY. That I attended deceased from
7 AGE if LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Duration) yrs mos 4 ds.
9 BIRTHPLACE (State or country) Mary Lund 10 NAME OF FATHER LUND STATE OF	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or county) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) (Address)	If not at place of death? Former or usual residence. 18 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Flied Feb 14 1916 The Flied Frankling	Eastern Chapel Jeb 14, 191.6



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent)

